MAXIMUS Federal Services

Case Number:	CM13-0052992		
Date Assigned:	12/30/2013	Date of Injury:	05/27/2012
Decision Date:	05/15/2014	UR Denial Date:	11/08/2013
Priority:	Standard	Application Received:	11/18/2013

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. The expert reviewer is Board Certified in Occupational Medicine and is licensed to practice in California. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/services. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The applicant has filed a claim for chronic low back pain reportedly associated with an industrial injury of May 27, 2012. Thus far, the applicant has been treated with the following: Analgesic medications; transfer of care to and from various providers in various specialties; earlier carpal tunnel release surgery in 2012; a shoulder corticosteroid injection; and the apparent imposition of permanent work restrictions. On October 11, 2013, the applicant presented with persistent, 6-8/10 moderate-to-severe pain. It was stated that the applicant was reporting improvement and pain relief with medications. The applicant was given diagnosis of painful scar about the left hand, status post carpal tunnel release surgery about the left hand, radiculitis of the left upper extremity, low back pain, and radiculitis of the right lower extremity. A spine surgery consultation, pain management consultation, diclofenac, omeprazole for gastric prophylaxis purposes, and tramadol for chronic pain relief were endorsed. In an earlier note of August 8, 2013, the applicant was described as using oral Voltaren, omeprazole, tramadol extended release, and Flexeril at that point. The applicant was described as permanent and stationary and was not seemingly working on that date.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

SPINE SURGERY CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS ACOEM Chapter 12 Low Back Complaints Page(s): 306.

Decision rationale: As noted in the MTUS-adopted ACOEM Guidelines, referral for surgical consultation is indicated for applicants who have severe and disabling lower leg symptoms in a distribution consistent with abnormalities on imaging studies, who have clear clinical, imaging, and/or electrophysiologic evidence of a lesion which is amenable to surgical correction. In this case, however, there is no clear evidence, insinuation, or statement that the applicant is in fact actively considering or contemplating a surgical remedy. There is no evidence that the applicant is a candidate for either cervical or lumbar spine surgery. Therefore, the request is not certified, on Independent Medical Review.

PAIN MANAGEMENT CONSULTATION: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Page(s): 1.

Decision rationale: As noted on page 1 of the MTUS Chronic Pain Medical Treatment Guidelines, the presence of persistent complaints which prove recalcitrant to conservative treatment should lead the primary treating provider (PTP) to reconsider the operating diagnosis and consider a specialist evaluation. In this case, the applicants' chronic multifocal pain issues, continued dependence on multiple medications, and failure to return to any form of work do warrant the added expertise of a physician specializing in chronic pain, such as a pain management physician. Therefore, the request is certified, on Independent Medical Review.

DICLOFENAC XR 100MG #30: Upheld

Claims Administrator guideline: Decision based on MTUS ACOEM.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Anti-inflammatory Medications Page(s): 22.

Decision rationale: While page 22 of the MTUS Chronic Pain Medical Treatment Guidelines does acknowledge that anti-inflammatory medications such as diclofenac do represent the traditional first-line of treatment for various chronic pain issues, including the chronic low back pain reportedly present here, in this case, however, the applicant has used diclofenac chronically. There has been no demonstration of functional improvement as defined in MTUS 9792.20f which would support ongoing usage of the same. The applicant is off of work. The applicant's work restrictions are seemingly unchanged from visit to visit. The applicant remains highly reliant on numerous other medications. All of the above, taken together, suggest a lack of functional improvement as defined in MTUS 9792.20f despite ongoing diclofenac usage. Therefore, the request is not certified, on Independent Medical Review.

OMEPRAZOLE 20MG #30: Upheld

Claims Administrator guideline: The Claims Administrator did not cite any medical evidence for its decision.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines NSAIDs & GI symptoms Page(s): 68.

Decision rationale: The attending provider stated that he intends to employ omeprazole as prophylaxis. However, the applicant does not meet criteria set forth on page 60 of the MTUS Chronic Pain Medical Treatment Guidelines for prophylactic usage of proton pump inhibitors. Specifically, there is no evidence that the applicant is using multiple NSAIDs. There is no evidence that the applicant is using NSAIDs in conjunction with corticosteroids. There is no evidence that the applicant is using NSAIDs and is greater than 65 years of age (the applicant is 62). Finally, there is no evidence that the applicant has any history of GI bleeding or other historical gastrointestinal issues. Therefore, the request is not certified.